STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

II. Name of lobby	yist's partnership, firm or corporation, if	anv:	
	iun Safety Action Fund	,	•
	(Name of partnership, firm or corporation)		
PO Box 4184	New York	NY	10163
Business Address:	(Street) (Town/City)	(State)	(Zip Code)
(646) 324-8250	(917) 410-6932	e-mail lobbyreg@e	evervtown.org
(Telepho			
_	se transactions which are not attributable transactions occurring in the months prior to	•	following client:
Everytown for G	Gun Safety Action Fund		
<u>OR</u>	(Full Name of Client as it appears on the I	obbyist Registration Form)	
	transactions by the lobbyist (including the lo	obbyist's family), or the lobbying	firm listed below which
unrelated to any p	articular client.	socyate o amingy, or the loody ing	THE HISTOR OF TOWN WITHOUT
IV Data of Dana			
IV. Date of Repo Reports cover:	rt April 26, 2017 activity from date of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17	
•	October 25, 2017	January 31, 2018 🗌	
	activity from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/1	17
	peen no fees received and no reportabled, complete just this form and submit it to 01.		
	tional reports are attached:		
If you have re	ceived fees or made expenditures, you must	file Addendum A- Fees and Exp	penses
☐ If you have pa Expense Reimburs	aid an honorarium or reimbursed expenses, y	ou must file Addendum B- Rep	ort of Honorariums or
•	rm, or your family has made political contri	butions, you must file Addendun	n C- Political Contribut
	-	•	
I have read RSA 1 and complete to the	JAffirmation by Lobbyist 5, RSA 15-B, RSA 14-C)and RSA 664 and the best of my knowledge and belief.	hereby swear or affirm that the fo	oregoing information is to
(Signature of lobb	Tigginbet Pour	(Date)
ACIA (Tigginbothum		DEAR"
(Fint Name of lo			RECEI

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NEW HAMPSHIRE DEPARTMENT OF STATE

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyis	t's partnership, firm or corporation, if any:				
Everytown for Gun Safety Action Fund					
(Nar	ne of partnership, firm or corporation)				
III. Name of Client	Everytown for Gun Safety Action Fund	Date 10/25/17			
to lobbying, including	ount of all fees received from the client identified above g fees for services such as public advocacy, government nonitoring legislation, and related legal work. The gives:	nt relations, or public relations service			
a) Total of all fees re-	ceived in this reporting period	a) \$ 21,812.43			
b) Total of all fees re (This should equa	eceived this calendar year, prior to this reporting period al the total of all prior monthly reports for this calendar	b) \$ 87,174.70 year)			
c) Total of all fees re (Add lines a an		c) \$ _108,987.13			
d) Indicate the amou yet been paid	nt of any such fees that are due, but have not	d) \$_0.00			
fees. Separate report the lobbyist(s)/firm ti Expenses are to be re during the reporting j individual expenses v lunch where the cost being lobbied, purcha (c) an itemized statem any purpose not cove ceremonial object to restaurant expenses f	partnerships, firms, or corporations are required to restare to be filed for expenditures made relative to each that are unrelated to any one client a separate report eported in one of three categories of expenses: (a) the period for salaries, benefits, support staff, and office of where the expenditure was of \$25.00 or less (for examples of a ceremonial object given to a person being lobble that of each individual expenditure made during this reported by (a) (for example: purchase of a meal with value given to the subject of lobbying with a value greator a legislative reception). Expenses for honorarium reported on separate addendums and should not be reported.	n client and if expenditures are made by may be filed for the lobbyist(s)/firm the aggregate total of all expenses paid expenses; (b) the aggregate total of all ple: meals purchased during a business ess than \$10 that is given to the person ited with a value of \$25.00 or less); and porting period of greater than \$25.00 for lue of greater than \$25, purchase of the ter than \$25, but not greater than \$50 s, expense reimbursement, or political			
support staff, and office	penses for this reporting period for salaries, benefits, ce expenses, related directly or indirectly to lobbying.	a) \$ 3,062.43			
in a), of \$25 or less.	expenditures during this reporting period, not reported	b) \$0.00			
c) Total of all itemize	ed expenditures reported in detail in section VI.	c) \$ 18,750.00			

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 21,812.43
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$ <u>108,987.13</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Demers, Blaisdell & Prasol Inc.	\$_18,750.00
	\$
	\$
	\$
	\$
	\$
·	·
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
May estlerate	10/18/17
(Signature of Abbyist)	(Date)
Sarah Higgin bethan (Print Name of lobbyst)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying pa	rtnership, firm, or corpo	ration: Everytown for Gun	Safety Action Fund
Name of Client (leave	blank if Statement is fo	r the partnership, firm, or	corporation and not related to any
particular client): Eve	rytown for Gun Safety Action	on Fund	
Date of Report (check	one):		
April 26, 2017 □	July 26, 2017 🗆	October 25, 2017	January 31, 2018 □
I have read RSA 15, I the following Addend submitted):	RSA 15-B, RSA 664, th lums submitted with the	ne Statement of Income are at Statement (insert the na	nd Expenses described above, and umber of Addendum forms being
✓ Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
	rm that the foregoing inf f my knowledge and beli		nt and each Addendum is true and
(Signature of lobbyist)			(Date)
Sam Levy			
(Print Name of lobbyis	st)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partr	ership, firm, or corpo	ration: Everytown for Gun S	afety Action Fund
Name of Client (leave b	lank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client): Everyt			
Date of Report (check o	ne):		
April 26, 2017 □	July 26, 2017 □	October 25, 2017	January 31, 2018 □
I have read RSA 15, RS the following Addendur submitted):	A 15-B, RSA 664, then submitted with the	ne Statement of Income an at Statement (insert the nu	d Expenses described above, and mber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).		·	
I hereby swear or affirm complete to the best of n	that the foregoing in	formation on the Statemen ief.	t and each Addendum is true and
(Signature of lothwist))		0(18117
Amy Bradley			
(Print Name of lobbyist)			